

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018065

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4722

STATE FILE NUMBER

VS 300
Rev. 4/59

1

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13

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

9 Sept. 25, 1889

73

Sept. 24, 1895

6-7-1888

6-7-1888

BY AFFIDAVIT OF *James J. J. J.*

DOCUMENT U.S. 12-11-1888 Ch. 1-1888

Cert. of death recorded 1-7-1988 by 25908

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STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

D.O.A. Homer Phillips Hospital

Inside Limits

Reside on Farm

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

a. STATE

b. COUNTY

Missouri

c. CITY OR TOWN

St. Louis

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS

5926 North Point

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

John Pavia

First

Middle

Last

4. DATE OF DEATH

April 29, 1963

Month

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-25-1895

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Spaghetti Maker

10b. KIND OF BUSINESS OR INDUSTRY

Spaghetti Maker

11. BIRTHPLACE (City and state or country)

Italy

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Francesco Pavia

13b. MOTHER'S MAIDEN NAME

Maria Stella

14. NAME OF HUSBAND OR WIFE

Frances

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Frances Pavia 5927 North Point

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerotic heart disease

8 years

DUE TO (c)

generalized arteriosclerosis

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4200

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1955

to

4/29/63

and last saw him alive on

4/11/63

Death occurred at

A

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Max J. Franklin M.D.

22b. ADDRESS

607 N. Grand Ave.

22c. DATE SIGNED

4/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis Missouri

24. FUNERAL DIRECTOR

Miceli & Sons 1150 N. Kingshighway

ADDRESS

25. DATE RECD. BY LOCAL REG.

APR 30 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harry E. Monroe

Licensed Embalmer No.

4495

P. O. Address

St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.